

The forgotten during the global pandemic and the challenge in Public Health

Los olvidados de la pandemia y el desafío en Salud Pública

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Related article: [Health care a manifest need: street-inhabitants with COVID-19](#)

Dear Editor:

We have read with pleasure the article 'Health care a manifest need: in street dwellers with COVID-19' (1), an important issue in public health given the large number of people in conditions of poverty, displacement, or street in Colombia, a country in which, every person has the right to an adequate standard of living that ensures him, as well as his family, health and well-being, especially food, clothing, housing, medical care, necessary social services. Although it is written, we tend to ignore the less privileged, generating a lack of knowledge of the socio-demographic characteristics, which could allow the clinician to provide a preventive approach, avoiding common complications in the indigent population, basing decisions such as the prioritization in emergencies of these minorities with scientific evidence. For this reason, we congratulate the authors for their meticulous work, as their elaboration invites equality, highlighting human dignity as a premise to reduce stigma and discrimination.

In the United States, the risk of severe COVID-19 is higher in homeless people due to the high prevalence of comorbidities in this population (heart failure, liver disease, COPD, other respiratory conditions, and smoking, among others) (2). Some studies in street populations have found that the prevalence of COPD varies between 20-30% (4) compared to 10% in adults in the general population (3,4).

Colombia is no stranger to the above, where many homeless people have a higher prevalence of severe or chronic diseases such as tuberculosis, sexually transmitted infections, and HIV, which makes them more vulnerable to Acute Respiratory Infection and can generate more significant barriers to care. In addition, some of these individuals have complex characteristics such as mental health disorders, substance use, or problematic use of psychoactive substances (5), which may make it difficult for them to collaborate and understand measures to prevent SARS-COV2 infection or to follow treatment instructions. In the sample of patients with COVID 19, the researchers report a more significant number of days of hospital stay, the need for more excellent intra-hospital management 92.5%, ICU requirements 10.9%, overall mortality of 12%, readmissions 14.2% (6), which translates into a higher incidence of complications in the group studied, once again inviting

us to consider ourselves as vulnerable, needing to compare the results described with similar analyses of studies carried out locally or in other parts of the world. Gathering evidence to support this hypothesis and make it applicable to other regions (7).

A systematic review found that this problem affects our developing country and is repeated systematically worldwide. In the United States of America, in Boston, it was consistently observed that the majority were men (71.6%) (8). In King County, Washington, crowds of homeless people caused large outbreaks of infection (9); in Toronto, where up to 35,000 people live on the streets (10); and finally, in Paris, where the population living on the streets showed higher seroprevalence and risk of transmissibility, especially those congregated in shelters or temporary shelters (11) (Table 1).

Finally, most street dwellers find it difficult to comply with the strategies implemented to avoid infection, such as social distancing, isolation, and quarantine, due to their precarious conditions, lack of housing, and poor support network (7), leading to high rates of hospital readmission or prolonged hospital stays.

One of the most feasible and cost-effective measures that should continue to be implemented in this population is using facemasks. A systematic review with the meta-analysis by Liang et al. concluded that the use of facemasks in non-healthcare workers, even conventional non-medical grade masks, reduced respiratory virus transmission by 56%, reducing community transmission and lowering the peak of hospitalizations and death during the current pandemic (12).

Tabla 1. Datos demográficos de habitantes de la calle y COVID en otros países

Country	Casos reportados de COVID 19	Habitantes de calle
United States	38.800.000	553.742
France	6.710.000	300.000
Brazil	20.700.000	101.854
South Africa	20.700.000	200.000
Australia	49.937	116.000
Colombia	4.900.000	13.252

Data obtained from WHO

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Stay at home is a motto that not everyone can live up to. In the country's capital alone, there are more than 9,000 street dwellers (13) who not only cannot comply with the quarantine but must continue their scavenging activities, exposing themselves to infection or acting as asymptomatic carriers of the disease (14).

Timely screening, early diagnosis, and diligent treatment prevent morbidity and mortality (15), so seeking social and healthcare support and increasing vaccination campaigns in this population at risk will help to reduce the complications that most of them present due to their precarious healthcare system in terms of promotion and prevention and could also reduce new outbreaks of SARS-CoV2 in this population. There must be new studies and aid managed, and it is our invitation to local, regional, and national authorities not to forget this population in their decisions.

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